

ATTACHMENT
Correction to Doc. 175, ¶¶ 24-31

24.

UNC's training program established the requirement that first-level involuntary commitment examiners must rule out medical causes before getting to the level of examining a patient's mental health. (*See Exhibit E, pg. 14, 22 and 55*).

25.

UNC's training program established the standard that a patient's thoughts are considered as delusional when the patient's thoughts are not consistent with the patient's background. (*See Exhibit E, pg. 11 and 52*).

26.

UNC's training program established the requirement that a patient's medical needs and treatments be evaluated and cleared before the patient is triaged for mental illness and mental health treatment. (*See Exhibit E, pg. 20*).

27.

UNC's training program established the standard that a risk assessment of a patient is important and necessary in order to make the best decision based on what the patient's needs are. (*See Exhibit F, pg. 2 and 8*).

28.

UNC's training program taught that if a first-level commitment examiner is sued, the legal system will look at the process the commitment examiner went through to reach the decisions they made for the patient. (*See Exhibit F*).

29.

UNC's training program taught that the risk assessment is intended to show the process of how the commitment examiner arrived at the decision they made for the patient. (*See Exhibit F, pg. 2*).

30.

UNC's training program established the standard and required procedure that a risk assessment should include three components, a Biopsychosocial and Spiritual Evaluation, Mental Status Exam, and Collateral Information. (*See* Exhibit F, pg. 2).

31.

UNC's training program established the standard that if a first-level commitment examiner did not document a thing in a patient's medical record, that means that thing did not happen. (*See* Exhibit E, pg. 22 and 79).

Correction to Doc. 175-1

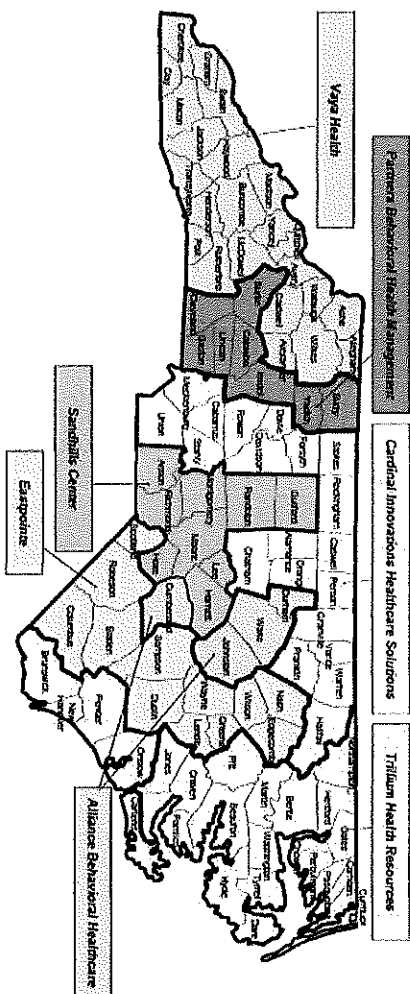
EXHIBIT C

- which the specific service provided is not covered under the terms of a contract with an area authority;
- d. The psychiatric service of the University of North Carolina Hospitals at Chapel Hill;
 - e. A "residential facility", which is a 24-hour facility that is not a hospital, including a group home;
 - f. A "State facility", which is a facility that is operated by the Secretary;
 - g. A "24-hour facility", which is a facility that provides a structured living environment and services for a period of 24 consecutive hours or more and includes hospitals that are facilities under this Chapter; and
 - h. A Veterans Administration facility or part thereof that provides services for the care, treatment, habilitation, or rehabilitation of the mentally ill, the developmentally disabled, or substance abusers.
- (15) "Guardian" means a person appointed as a guardian of the person or general guardian by the court under Chapters 7A or 35A or former Chapters 33 or 35 of the General Statutes.
 - (16) "Habilitation" means training, care, and specialized therapies undertaken to assist a client in maintaining his current level of functioning or in achieving progress in developmental skills areas.
 - (17) "Incompetent adult" means an adult individual adjudicated incompetent.
 - (18) "Intoxicated" means the condition of an individual whose mental or physical functioning is presently substantially impaired as a result of the use of alcohol or other substance.
 - (19) "Law-enforcement officer" means sheriff, deputy sheriff, police officer, State highway patrolman, or an officer employed by a city or county under G.S. 122C-302.
 - (20) "Legally responsible person" means: (i) when applied to an adult, who has been adjudicated incompetent, a guardian; (ii) when applied to a minor, a parent, guardian, a person standing in loco parentis, or a legal custodian other than a parent who has been granted specific authority by law or in a custody order to consent for medical care, including psychiatric treatment; or (iii) when applied to an adult who is incapable as defined in G.S. 122C-72(c) and who has not been adjudicated incompetent, a health care agent named pursuant to a valid health care power of attorney.
 - (20a) "Local funds" means fees from services, including client payments, Medicare and the local and federal share of Medicaid receipts, fees from agencies under contract, gifts and donations, and county and municipal funds, and any other funds not administered by the Division.
 - (20b) "Local management entity" or "LME" means an area authority, county program, or consolidated human services agency. It is a collective term that refers to functional responsibilities rather than governance structure.
 - (20c) "Local management entity/managed care organization" or "LME/MCO" means a local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act.
 - (21) "Mental illness" means: (i) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control; and (ii) when applied to a minor, a mental condition,



North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, And Substance Abuse Services

Local Management Entities/ Managed Care Organizations Administrative Functions Monitoring Report September 2016



Prepared by:

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Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

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Quality
NC DMH/DD/SAS

Smoky Mountain LME/MCO announces change to Vaya Health

Posted on October 4, 2016 — Max Hunt

From Vaya Health:

WNC managed healthcare organization Smoky Mountain MCO now operating as Vaya Health

October 4, 2016 – Smoky Mountain MCO, which manages public funds for mental health, substance use and intellectual/ developmental disability services in 23 western North Carolina counties, today announced the organization will now operate under the name Vaya Health (Vaya).

The new name reflects the organization's expansion and evolving mission over the past four decades. Originally serving the state's seven westernmost counties, Vaya now operates in counties as far to the east as Rutherford, Alexander and Wilkes. The name Vaya, a variation on a Spanish verb meaning "to go," was inspired by our commitment to help members and their families move forward to a place of healing, recovery and hope.

The new organization name does not affect healthcare services, supports or programs in any way. Vaya members will see no changes in their benefit plans, provider options or other services due to the new name. Vaya's 24-hour, toll-free Access to Services and crisis line remains available to the general public at 1-800-849-6127.

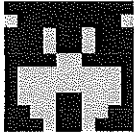
Vaya has also launched a new, enhanced website at www.vayahealth.com. The site makes it simple for local residents to learn about publicly funded services that may be available to them for behavioral health and intellectual or developmental disability needs. It also includes an easy-to-use provider search function, a calendar of upcoming events throughout the region and expanded information on local programs and community partnerships.

Vaya will continue to implement the organization's Community and Capital Reinvestment Initiatives Plan, an effort to utilize \$10 million saved through effective Medicaid management to launch new or expanded programs. Initiatives include creating regional crisis facilities in Buncombe, Caldwell and Wilkes counties, as well as expanding the Balsam Center in Haywood County. Other programs are designed to reduce heroin/opioid drug use and overdose deaths, expand addiction recovery housing and work toward integrating physical and behavioral

health services under a “whole-person care” model. Additional reinvestment activities include enhancing veterans’ services, helping individuals leaving institutions access legal services and expanding crisis services for people with intellectual/developmental disabilities and their families.

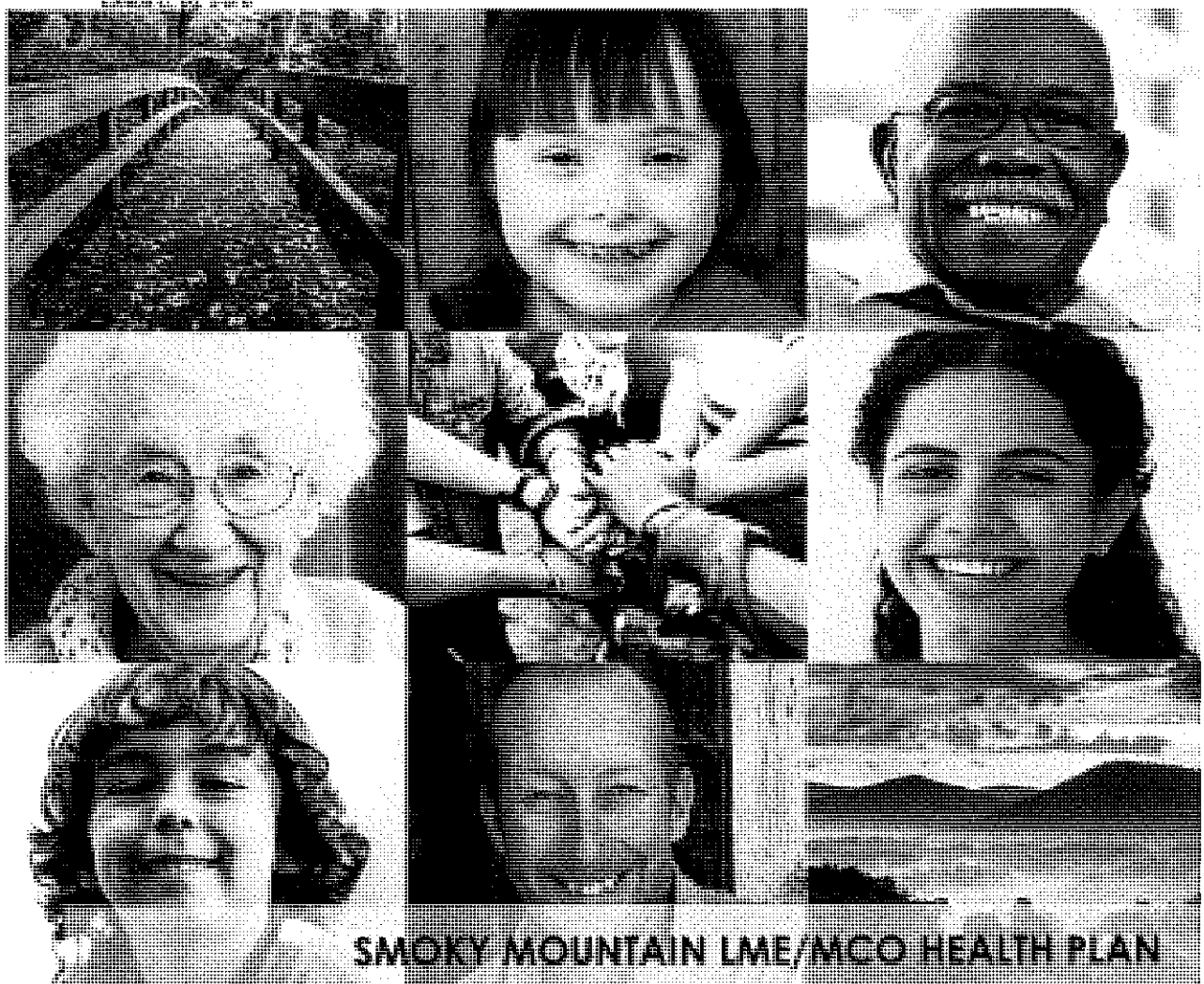
For more information, call 1-888-757-5726 or visit www.vayahealth.com.

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SMOKY MOUNTAIN LME/MCO	SUBSTANCE ABUSE	VAYA HEALTH	WNC			



About Max Hunt

Max Hunt grew up in South (New) Jersey and graduated from Warren Wilson College in 2011. History nerd; art geek; connoisseur of swimming holes, hot peppers, and plaid clothing. Follow me @J_MaxHunt



Consumer and Family Handbook

2015-2016

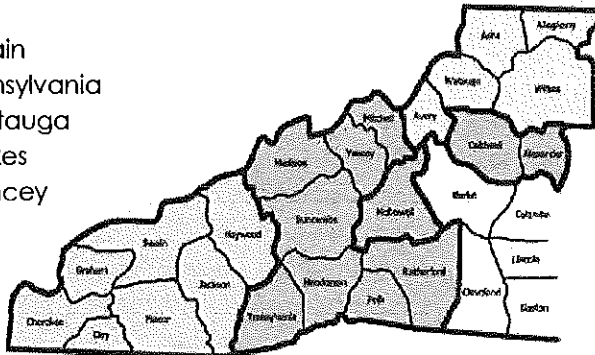


Smoky Health Plan Information

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Smoky manages public funds for mental health, substance use and intellectual or developmental disability services for eligible residents of the following 23 western North Carolina counties:

Alexander	Haywood	Swain
Alleghany	Henderson	Transylvania
Ashe	Jackson	Watauga
Avery	Macon	Wilkes
Buncombe	Madison	Yancey
Caldwell	McDowell	
Cherokee	Mitchell	
Clay	Polk	
Graham	Rutherford	



The current edition of this Consumer and Family Handbook is available on our website:
www.smokymountaincenter.com.

A printed copy of this handbook is available upon request by calling the Smoky Customer Services line at 1-888-757-5726.

This handbook is available in Spanish and in alternative formats. If you need a larger-print version, or have limited reading ability, call our Customer Services line at 1-888-757-5726.

Si necesita información en español, llámenos al 1-888-757-5726.